

**QUARTERLY MEETING OF THE
ARKANSAS STATE BOARD OF HEALTH
July 28, 2011**

MEMBERS PRESENT

Susan Jones, M.D., President
Paul K. Halverson, DrPH
Miranda Childs-Beebe, DDS
Lawrence Braden, M.D.
Glen "Eddie" Bryant, M.D.
Alan Fortenberry, P.E.
Larry Fritchman, D.V.M.
George Harper, President Elect
Thomas Jones, R.S.
Jim Lambert
Lynda M. Lehing
Marvin Leibovich, M.D.
John R. Page, P.D.
Alexander Rejistre, Sr., D.C.
Mary Beth Ringgold
Rev. Dwight Townsend
Peggy Walker, RN, MSN
Patricia Westfall-Elsberry, O.D.
Terry Yamauchi, M.D.
Dr. James Zini, DO

GUESTS PRESENT

Dr. Joe Bates, Deputy State Public Health Officer
Donnie Smith, Director, Center for
Health Protection
Xavier Heard, Human Resources Director
Dr. James Phillips, ADH Infectious Disease
John Senner, Center for Public Health Practice
Dr. Nate Smith, ADH Public Health Programs
Randy Lee, ADH Director CLPH
Ann Wright, Director, Health Communications
Robert Hart, Director, Engineering Section
Terry Paul, ADH Environmental Health
Bradley Planey, ADH Family Health
David Grimes, ADH Family Health
Sharon Ashcraft, ADH Women's Health
Mike Riddell, M.D., ADH Women's Health
Dr. Glen Baker, Director, Public Health Lab
Katheryn Hargis, Governmental Affairs
Policy Director
Bob Higginbottom, ADH Plumbing
Sam Leslie, ADH Plumbing
Jim Myatt, ADH Pharmacy
Jane Gaskill, ADH Health Facility Services
Connie Melton, ADH Health Facility Services
Teresa Bullock, ADH Environmental Health
Lynn Mouden, DDS, ADH Oral Health
Kelli Kersey, ADH Cosmetology
Greg Brown, ADH Section Chief EMS
Dr. Timothy Calicott, EMS
Ken Ridgeway, ADH ITS
Robert Reddish, ADH
Joyce Dees, Governor's Office
Connie Johnson, Director's Office
Rick D. Hogan, General Counsel
Robert Brech, Deputy General Counsel
Reginald Rogers, Deputy General Counsel
Nancy Cox, Legal Services
Chris McNeal, Legal Services
Rose Mimms, AR Right to Life
Jerry Cox, Family Council
Melissa Perry, Family Council
Sarah Bean, Family Council
Marianne Linane, Diocese of Little Rock
Lori Williams, Little Rock Family Planning

July 28, 2011

Page 1

Murry Newbern, PPAAEO
Bettina Brownstein, PPAAEO

MEMBERS ABSENT (excused)

Anthony Hui, M.D.

Joe Thompson, M.D.

Dr. Clark Fincher

Anika Whitfield, D.P.M.

QUARTERLY MEETING OF THE STATE BOARD OF HEALTH

The July Quarterly Meeting of the Arkansas State Board of Health was held Thursday, July 28, 2011 in the Charles Hughes Board Room at the Freeway Medical Building in Little Rock, Arkansas. President Susan Ward-Jones called the meeting to order at approximately 10:00 a.m. Dr. Halverson introduced a new Board member, Dr. James Zini, representing the osteopathic physicians in the state. Dr. Zini replaces Dr. William Lagaly. Dr. Zini is also a county health officer. He was appointed at the request of the county judge and has served as a volunteer county health officer with great distinction.

Dr. Halverson also introduced a new member of the executive staff, Ms. Ann Purvis, the new Deputy Director for Administration. She is an attorney and has worked as general counsel in the Secretary of State's office, and most recently at the Department of Finance and Administration. Mary Leath decided to retire after 35 years in state government.

President Jones announced there were revisions to the agenda. "New Business," item number 3. "Proposed Revisions to Rules Governing Nutrition and Physical Activity Standards and Body Mass Index for Age Assessment Protocols in Arkansas" will be discussed at the next Board meeting. "Other Business," Dr. Tim Calicott's report on the Rapid Sequence Intubation program will move to number 1. on the agenda.

APPROVAL OF MINUTES

President Jones entertained a motion for approval of the minutes of the April 28, 2011 quarterly meeting. A motion was made and seconded and the minutes were approved as presented.

OTHER BUSINESS

Dr. Tim Calicott, Chairman, Emergency Medical Services Advisory Council, stated that there has been great success with the Rapid Sequence Intubation program started in January of 2008. He stated that he personally monitored it and set up an online data collection, and the paramedics go online and submit their data, and he reviews it periodically. He reported that he is very pleased with the results. There have been very few complications; 19 out of 590 and none of those were serious complications. No deaths have been reported from the intubations. Dr. Calicott asked that the Board look at the requirement to come and report by April and we will continue to monitor the program. When we first set it up the Board asked for success rate/failure rate, complication rate, and we have had consistently monitored that and we have had consistent improvement throughout each quarter that we've monitored it. This is approved only for age 8 and above. Initially we had intended to ask for the requirement for below age 8, but at this time I don't think we have the potential to get that approved in the state. Maybe later on we will come back and ask for that.

Dr. Marvin Leibovich stated that the program has shown promise and his only concern is that we don't have any hard data that shows that trauma mortality has decreased. I think there is some real opportunity for the Health Department, in a research publication, to show that this procedure is worthwhile and could be lifesaving. I would like to continue receiving information on an

annual basis, but more importantly I would like to see us do something here as a research project so that we can show without question that it is beneficial, that lives are being saved, and I think that reporting to us will help in that regard. I would like to recommend that you get with Dr. Holmes and let's put something together that proves once and for all that this is beneficial to our patients.

Dr. Calicott stated that he agreed with Dr. Leibovich fully. What we have not been able to collect is outcome data, and the way this was set up as a data collection, it was never a scientific research project. Before we had the trauma system and the trauma bands, it was almost impossible to hook up the pre-hospital patient with the hospital patient. Now that we have that system in effect, I think we will start to see some outcome data, and as we look at the trauma patients in particular we will see outcome data that supports my hypothesis that RSI does save lives. I would love to work with someone to do a research project.

Dr. Leibovich made a motion to accept Dr. Calicott's report with the modification that we would like, as a Board, to receive that information on an annual basis and stated he thought he could help set something up with Dr. Calicott, Dr. Holmes and some of his residents.

President Jones stated that a motion was made to accept the report for Rapid Sequence Intubation and moving the reporting to annually. Dr. Page seconded the motion and the motion carried.

OLD BUSINESS

Proposed Changes to Rules and Regulations Pertaining to Tuberculosis Screening for Foreign-Born University and College Students

Dr. James Phillips, Infectious Disease Branch Chief, stated that he was before the Board today for final approval of the proposed changes to the Rules and Regulations Pertaining to TB Screening. TB screening of foreign born students at our higher education institutions, the skin testing was the only method available to do screening. Now we have the interferon-gamma releasing assay which is a blood test that has multiple advantages, particularly in this population.

President Jones asked for a motion to adopt the proposed changes. A motion was made, Dr. Page seconded the motion and the motion carried.

Proposed Adoption of Rules and Regulations of the Hospital Discharge Data Submittal Guide 2011

Lynda Lehing, Hospital Discharge Data Section Chief, stated that most of the changes in the rules and regulations pertained to typographical errors and updating the data elements. A public hearing was held December 10 and we had no opposition to any of the changes. I would like to ask for a favorable vote in the adoption of these rules. Ms. Peggy Walker made a motion to adopt the proposed rules. The motion was seconded and the motion carried.

*Proposed Amendments to the Revised Draft Rules Pertaining to the
Arkansas Cancer Registry*

Mr. Robert Brech, Deputy General Counsel, stated that when he appeared before the public health committee there was a concern about the penalty revision. There was a fear that the penalties could escalate too high. If the doctor was not reporting all of his cancer reports the way he should be, presumably he could have been fined \$1,000 per occurrence per day which those fines could escalate rapidly. But we tried to placate their fears that we would not use that provision. Based on comments of Senator Malone, we did agree to change the draft and put a \$10,000 cap on that. So, regardless of how many cases went unreported during any specific hearing that might be held, the maximum fine would be \$10,000. This is an attempt to get your approval to include that in the draft.

Dr. Yamauchi asked how many fines would have been proposed. Mr. Brech responded by stating "probably none." He stated that the fine provision is used to get people to comply. If we know a doctor is not complying, we can get compliance by threatening. In the last 13 years there have probably been two fines that would have exceeded that \$10,000 and both were well deserved.

Dr. Halverson stated that he wanted to alleviate any concerns that might be present; the vast majority of physicians in our state is very compliant with this and is very supportive. I know there were concerns raised by the medical society about fines, and it is not the staff's history or inclination to begin any sort of draconian fining of anybody. We want people to follow the law and do the right thing but if we don't have some provision for fines, then we believe that the recalcitrants would not be inclined to follow along at all. I don't want anyone to think this is a change of position or an interest to do something different than we have done. We have gone out of our way and will continue to do that to work with practices to comply with this rule. Dr. Halverson stated that this has been a very vital registry. As everyone is moving toward electronic medical records, this will be one of those things that will be part of the system that will collect some of this information. So it will become easier to report this.

Dr. Bates stated that it is possible to report this electronically. The data is essential for many things and almost everyone does this. Usually Dr. Baker and I go see these people and say, "Look, this is important and we want you to do right," and they do. We have never fined anybody. This is a standard fine for any violation that this Board could apply; it's not peculiar to the cancer registry. We've caught about 95% of all cancers in Arkansas. We don't require data about basal cell carcinoma and sponge cell carcinoma of the skin; we do melanomas of the skin. We stage it; we want to know demographics, it is very important epidemiologically to know if we are getting better or worse in dealing with cancer in Arkansas.

Dr. Halverson stated he thought the reason we have good compliance is because people know it is the law, there is a penalty for non-compliance and people generally want to obey the law. The compliance rate has gotten higher because of the efforts of staff and there is a huge public health benefit in having this data. I think the reason the fine is important to have there is as the ultimate deterrent for those recalcitrants that would just say, "I'm not going to do it and nobody can make me." We have heard that from a couple of people and we need to be able to persuade them to do

the right thing. I would be opposed to us considering removing the fine. We need to have some way to incentivize good behavior.

Dr. Braden made the motion to adopt the proposed amendments to the draft rules. Dr. Bryant seconded the motion and the motion carried.

Proposed Revisions to the Rules and Regulations Pertaining to Public Water Systems

Mr. Robert Hart, Director, Engineering Section, reported that one of the bills passed by the General Assembly was Act 197, entitled "An Act to provide for certain water systems to maintain a level of fluoride to prevent tooth decay and for other purposes." The bill had three components; one was to establish applicability and applied to water systems with a population of 5,000 or above; the second section was to have the Board of Health adopt rules that would establish a permissible fluoride concentration; and to establish rules regarding the necessary equipment, record-keeping and reporting; and then finally, compliance applied to the water systems only when an outside source of revenue was available to them, from either a non-tax or non-revenue based source. I am here today to propose regulations under the Health Department's rules and regulations pertaining to public water systems, to implement those requirements of Act 197. You have in your packet the proposed regulation changes as outlined in the underlined text.

Ms. Walker made the motion to adopt the proposed revisions to the rules and regulations. The motion was seconded and the motion carried.

*Proposed Revisions to the Rules and Regulations for the Hospital
Discharge Data System*

Ms. Lehing stated that it is proposed to amend the Rules and Regulations Pertaining to the Hospital Discharge Data System. The purpose of this amendment is to include the collection of emergency department data as part of the system. The emergency department reporting requirements will be very similar to the current in-patient collection system. I would like to ask permission to proceed with the administrative rule-making process.

Mr. Lambert asked how this data is different than the data being collected in the trauma system. Ms. Lehing stated that the trauma system does not collect all emergency department data. The trauma system also collects more detailed information on trauma patients. This is basically administrative data, billing data. This will look at injury prevention, what is coming into the ER, take a look at what cases are seen in the ER and not admitted to the hospital. We are hoping to catch more of our injury cases and look at injury prevention. Now we don't capture all the injury data we need for surveillance.

Dr. Halverson clarified that we are not getting billing data from the prospective of patient insurance company information or anything along those lines. This is administrative data that is already captured by the hospital in an information system, this should not impose new data of collection requirements, it is simply providing the same level of detail that we have of in-patients on out-patient emergency department visits. It is very consistent with what other states are doing

across the country. More and more patients are being seen in the emergency department and we really need to have that data. This is not about sharing billing data at all. We also piloted it with a number of hospitals to make sure it could be done and could be done without difficulty, and that was a success.

Ms. Walker made a motion to adopt the proposed revisions. Ms. Lehing abstained from voting. Dr. Bryant seconded the motion.

Mr. Fortenberry asked if the rules move to the administrative procedures process and President Jones stated "yes." A vote was taken and the motion carried with one member opposing. President Jones asked that the record reflect the opposition.

Proposed Revisions to Rules and Regulations for Abortion Facilities in Arkansas

Mr. Brech stated an Act was passed in the last session that went into effect yesterday that changed the definition of what an abortion facility is. The previous definition said it was a facility whose primary purpose was to perform abortions. The definition now would be any facility that performs ten or more abortions per month but also included in that definition are abortions that would be done through pharmaceutical type abortions or RU-486. Based on the reporting data we have, this will now be applicable to two additional facilities in Arkansas, Planned Parenthood facilities, one in Northwest Arkansas and one in Little Rock. They only perform medical abortions or those utilizing RU-486. Commitments were made to the Legislature that we would revise these rules and make them more applicable to these types of facilities because previous to that the intent of the rule was for those doing general abortions or those by surgical means. The two entities these rules will apply to, the Planned Parenthood facilities, have reviewed the rules and they do not have any objections at this time. The Right to Life groups along with Family Council have also reviewed these and have no objections to them.

Mr. Brech added that there are two main changes that will occur; there was concern about what type of anesthesia was being administered in these facilities. We have limited that to just general sedation type anesthesia. The other change was to carve out some of the facility requirements that are more applicable toward the general abortion facilities and not applicable to the medical abortion facilities. Another main part of this is a grandfathering provision that we worked hard on and everyone compromised on and will take effect on January 1st of 2012. That grandfathering provision will allow any entity that comes in and becomes licensed between January 1st, 2012 and July 1, 2012 to take advantage of the grandfathering provision. They would not have to comply with every provision in the rule, but they would have to be in substantial compliance with the rule to become licensed.

The other thing that is in the rule is that all facilities would have to come in compliance by January 1st, 2014 if it is practicable for them to do so. If it makes sense to do so, if it is a small provision, people are not going to be made to move walls or move to different facilities.

Mr. Harper made a motion to accept the proposed revisions to the rules and regulations for abortion facilities in Arkansas. The motion was seconded and the motion carried.

Proposed Revisions to Rules and Regulations for Perfusionists in Arkansas

Ms. Connie Melton, Section Chief, Health Facility Services, stated that she was requesting approval to proceed with the administrative rules process concerning the proposed revisions to the rules and regulations for Perfusionists in Arkansas. There is some new language, new content, and clean-up of older content. Dr. Page made a motion to begin the administrative process. Dr. Bryant seconded the motion and the motion carried.

*Proposed Revisions to the Rules and Regulations Pertaining to the
List of Controlled Substances*

Mr. James Myatt, Drug Control Investigator, Pharmacy Services, advised that he was before the Board to ask for approval to begin the Administrative Procedure Act process. Dr. Page made a motion to begin the process to adopt the revisions to the rules and regulations pertaining to the list of Controlled Substances. Ms. Walker seconded the motion and the motion carried.

Recommendation of Members for the Cosmetology Technical Advisory Committee

Mr. Donnie Smith stated that in accordance with the statutory requirements he is before the Board today with recommendations for members to be appointed for a two-year term to the Cosmetology Technical Advisory Committee. There are seven individuals we recommend be appointed to the Cosmetology Technical Advisory Committee: Jeannie Bonds and Kimberly Ford from District 1; District 2 is Jacquelyn Reynolds and Guy LaMastu; District 3 is Roger Barnes and Sandy Davis; and from District 4 Rebecca Arguello. President Jones asked for a motion to accept the recommendations. Dr. Leibovich made the motion; Mr. Lambert seconded the motion and the motion carried.

Dr. Halverson stated that he thought it was important for the Board to understand that the staff has worked very diligently, since the conversion of this technical Advisory Committee from the old Board of Cosmetology, to clean up the administrative issues and make the Board more efficient. There was an intention that this would change from its own stand-alone board to a Technical Advisory Committee, and the staff was deliberate in maintaining continuity with some of the members from the previous board so as to make sure that the operation would continue to operate smoothly, and I want to specifically thank Donnie Smith and Renee Mallory. They worked very diligently to do something that was very difficult, and I think the state is much benefited by their work.

Dr. Halverson also informed the Board that at least one state senator is unhappy about these recommendations because they do not continue the individuals from the previous board. There were quite a few people interested in this board, and the intention was to provide opportunities for new people to have the experience and be able to serve in this capacity. I promised the senator that I would bring your attention to the fact that, at least from his perspective, there is contention over the appointments, and I would indicate to you that I support the staff's recommendation to appoint these individuals. We believe we have continuity with the director that we have now and we want to move forward.

Dr. Leibovich stated to Dr. Halverson “It’s your budget”, and he moved to vote immediately. President Jones asked for a vote and all members voted in favor of the recommendations.

Reappointments to the State Committee of Plumbing Examiners

Mr. Bob Higginbottom, Director, Protective Health Codes, informed the Board that he was here today to ask the Board to reappoint two members to the State Committee of Plumbing Examiners. These two committee members are Aubin “Butch” Siria and Elton Chartrand. Mr. Siria is a journeyman plumber representative and Mr. Chartrand is a consumer representative.

Mr. Fortenberry asked what the term is and Mr. Higginbottom stated four years. Mr. Fortenberry asked if he would be a journeyman at the end of four years or is he actively involved in plumbing. Mr. Higginbottom stated he is actively involved in plumbing and should he decide not to pursue his license in the future, then he would come back before the Board asking for a replacement.

Mr. Harper asked Mr. Higginbottom how a consumer was chosen, what background do you go into to choose a consumer? Mr. Higginbottom stated that information is put out in newsletters, word of mouth, Hometown Health, and we have even asked for assistance from the Governor’s office. It is a tough thing to be able to attract people to serve in that capacity.

Mr. Fortenberry made a motion to accept the reappointments to the State Committee of Plumbing Examiners. Dr. Leibovich seconded the motion and the motion carried.

Appointments to the Lay Midwife Advisory Board

Ms. Sharon Ashcraft, Women’s Health Section Chief, is before the Board today to seek approval of three new members to the Lay Midwife Advisory Board. Dr. Letecia Jones is the physician representing the currently practicing OB/GYN. She would be replacing Dr. Marvin who left the Board at the end of 2010. We have two consumers; Tanya Smith and Erin Puryear. These applicants have the support of our Women’s Health Section and the Midwife Advisory Board, as well as our center.

Dr. Braden made a motion to approve the appointments to the Lay Midwife Advisory Board. Ms. Walker seconded the motion and the motion carried.

*Proposed Removal of Rules and Regulations Pertaining to Public, Private
And Parochial Schools*

Mr. Terry Paul, Environmental Health Branch Chief, reported that this is an unusual step that is being taken to remove a rule. To remove a rule, the process has to be reversed. This is a regulation that was promulgated in 1950 and it has been replaced by many other laws, rules and regulations, as well as the Department of Education. Mr. Fortenberry applauded the Department of Health for doing something the EPA doesn’t have the courage to do, and that is to the anti-backsliding provisions of EPA, “If something doesn’t fit and doesn’t work and has been replaced, we’re going to get rid of it.” Mr. Leibovich made a motion to begin the administrative

process to remove the rules and regulations. Dr. Braden seconded the motion and the motion carried.

Proposed Removal of Rules and Regulations Pertaining to Recreational Lots

Mr. Paul stated that this particular regulation was promulgated in 1990. This has been common and was a common practice on the Spring River in Northeast Arkansas. It has resulted in the selling of lots without a continued promise of sewer or water. These lots are sometimes as small as 10 x 30 or 10 x 50 and they are lined up along the river and generally there is an owner that has common property where the waste disposal is handled, where the water is taken care of or the swimming pool and other facilities are. When that owner decides to go somewhere else, you are left with a big mess. It is the only regulation that we don't have to have sewer and water on an approved facility. This is a regulation that we need to consider pulling down.

Dr. Leibovich made a motion to begin the administrative procedure process to remove the rules and regulations. Mr. Fortenberry seconded and the motion carried.

Proposed Revisions of Rules and Regulations Pertaining to Onsite Wastewater

Mr. Paul stated that this is a revision to the onsite rules that was mainly started because ADEQ changed their process in reviewing offsite or surface discharging systems. We had some duplication with what ADEQ is requiring and were concerned that we did not want to double dip the homeowner on some expenses they would have to pay to maintain these systems. Mr. Fortenberry asked if the modifications were primarily for surface discharging systems that will require an NPDES permit or are some of the changes in regard to the agreement with ADEQ for small systems. Mr. Paul stated that the intention was for those but there are some other small changes. Most of it was to take out the wording that required homeowners to have service contracts and such as that for us, if they were having surface discharge that would have to have service contracts with ADEQ. A motion was made to begin the administrative process. Mr. Fortenberry seconded the motion and the motion carried.

Update of Rules and Regulations Pertaining to Food Service Establishments

Mr. Paul stated that it is proposed to revise the rules and regulations from the 2005 federal food code to the 2009 food code. Occasionally we update to match the latest federal codes and there are some things specific to Arkansas but mostly we use the federal code as the basis to promulgate our codes. Ms. Ringgold asked how these were communicated to all the restaurants in the State of Arkansas. Mr. Paul stated that a letter was generally sent out to advise them that there are some changes coming. We also refer people to our website where our new and proposed regulations are posted. Ms. Ringgold stated that it was her feeling that very few people go to that and actually print it out. Something more proactive is needed since there is not anything lined out punitively in this.

Dr. Halverson stated that perhaps we could work with the restaurant association and come up with a publication or something that would be readily accessible to members and licensees. Most people want to do the right thing, they just need to be aware of it and I think the revisions are improvements and in some cases clarification of rules. We will get our Health

July 28, 2011

Page 9

Communication and Marketing people to work with the restaurant association. Perhaps we can do a jointly printed program or something along those lines.

Ms. Ringgold suggested two good ways to reach people would be, one, when your permit comes due, that is a good time to catch people, and, two, when the sanitarian visits he needs to inform he or she that there are standard changes.

Dr. Page made a motion to begin the administrative process to update the rules and regulations. Ms. Walker seconded the motion and the motion carried.

Proposed Revisions of Rules and Regulations Pertaining to Immunization Reporting

Dr. Phillips stated that the proposed rule changes are pursuant to Act 179 of 2011. This Act was to allow the expansion of the Immunization Registry to an entire life span. Currently, we have records of individuals up to age 22, not after, and we want to increase that to all ages. A major part of this is allowing the provider to be able to report adult immunizations to the registry. Ms. Walker asked if this would include hospitals as well and Dr. Phillips responded that it would.

President Jones asked for a motion to adopt the proposed revisions pertaining to immunization reporting. Dr. Leibovich made a motion to begin the administrative process to adopt the revisions. Ms. Walker seconded the motion and the motion carried.

President's Report

President Jones thanked the Board members for their cooperation in the long agenda today and asked that members see her after the meeting if they would like to be on the mandatory flu vaccine committee.

Director's Report

Dr. Halverson also thanked the Board members for their diligent attention to the matters of the changes in the rules and regulations. He mentioned that the staff of the Health Department is currently in the process of revising the strategic plan. He stated earlier that this would be one of the activities that we would be undertaking this year, and wanted to inform the members that we are making good progress. We have a draft plan that we are discussing with staff throughout the Department. We conducted a two-day session with our senior staff to review successes and to make suggested plans for the future. We want to share this with you during our work session of the retreat. We will not finalize the plan until you have had a chance to review it and to give us comments.

Dr. Halverson thanked the staff in attendance today because this represents an enormous workload. This is sort of the normal process when the legislature makes rule changes or makes law changes, then we have to come back and come up with subsequent rule changes and our staff has also been diligent in looking through rules that either need to be removed or revised. And I just want to say thank you for their good work and I know you appreciate them as well. With that, Madam Chairman, that concludes my report.

Dr. Leibovich added that the American College of Emergency Physicians is finally interested in our state's new law for mandatory prescription drug reporting. I believe at the conclusion of the last Board meeting there was going to be an update at this meeting by Robert Brech and Kathryn Hargis. How are we progressing and when do we expect that this system will be implemented?

Dr. Halverson stated there was a provision in that law that related to the funding, and it has to do with a federal grant. Unfortunately, Dr. Leibovich, the one grant that we were looking to from the Justice Department withdrew their funding announcement. So, that didn't happen. This is a huge issue in our state and in all states, and in many states prescription drug overdose is eclipsing automobile related crashes as the leading cause of mortality. This is a huge problem for us, but let me ask Donnie Smith to get into the specifics. The good news is, there are good patterns out there, we don't have to reinvent the wheel, but it does cost money, and what we were relying on was withdrawn at the last minute.

Mr. Smith stated that was correct. We had written two grant applications and in both cases we were notified that the funding source would not be funding any applications. I'm sure that was associated with some of the budget discussions that are occurring in Washington now. The one other area that we are continuing to work with is perhaps the pharmaceutical cooperatives may look at providing funding the states. We have just found out that Florida may have received some funding from their cooperative and we have established contact with them indicating that a bill was passed in Arkansas, and we would certainly favorably consider any support that they could offer. But we are not giving up.

Dr. Leibovich stated that if there is anything the Arkansas Chapter of College of Emergency Physicians can do, we want to help. The problem keeps getting larger and larger and it is costing the state untold billions of dollars to take care of these people that are overdosing. We want to be part of the resolution and if there is anything we can do, I would appreciate your letting us know. In the meantime, we need to keep pushing and we need to have some plan to ask for funding at our next legislative session.

Dr. Halverson suggested that as the President of the State Health Officers' Association he would be glad to have ACCEP to join ASTHO in trying to advocate for funding for this. This is a national problem and there are a number of states that have this issue. If that is possible, that would be helpful, and we will consider this a request for state funding because of the severity of this issue.

Dr. Halverson stated on a positive note we were notified recently that Arkansas was one of the very few states in the country that was successful in getting a new injury prevention core grant, which is huge for Arkansas. What is important about that is the recognition that Arkansas is serious about injury prevention and control. It also allows us to apply for specific injury related grants. This is a really positive thing. Because of the prescription drug overdose issue, we are asking CDC to put it back on their injury priority list. We are trying to push this in a lot of different ways, but it is a positive thing for Arkansas. My hat is off to Donnie and his staff for putting that together. It is quite an honor for the state.

Ms. Walker commented that these grants would not be possible without this data collection and that is the reason it needs to be pushed because that has put Arkansas behind. We need this data. This is how we get the grants and we have been hurting in the past because we have not had this information. I'm glad you mentioned this prevention grant because I am so proud. And it helped because we had the data.

Dr. Halverson stated there is one good piece of news he could share, and that is that there is a new competitive grant that has been put out associated with the Affordable Care Act, that is described as the community transformation grants. The idea is to work with communities to focus on improving conditions in the community so as to promote improved health. That is what Arkansas has been doing for a long time. This is a \$750 million grant announcement, it is competitive and we work under the direction of Dr. Zohoori, our chronic disease director, he is acting as our principal investigator. We submitted what I think is going to be a funded, successful grant. It is going to be very competitive, but we are keeping our fingers crossed.

We were notified that they are cutting our preventive services block grant and they are cutting it 22 or 23% and they notified us the last quarter of the fiscal year which means we get no money for the last quarter, and they have notified us that they intend not to fund it at all next year, but is about a million, two grant. 82% of the funding that we get for the block grant funds is our sexually transmitted disease program and our tuberculosis program, so we are scrambling to try to find alternative sources. We cannot not do tuberculosis control or sexually transmitted disease identification and control. Since we get the vast majority of our funding from the federal government and because of the condition of the general economy, it is going to be difficult for our Health Department and others throughout the country.

I'm proud of Arkansas; we are not in the situation that a lot of states are in. Normal public health programs are being decimated across the country. We are in better shape because the state reductions have not been that severe but we are very vulnerable because of the federal cuts, and I think we can anticipate more and more reductions. When we get to the point where we can't hold it together, we will be back in touch with you. We may have some difficult choices to make as well especially when you take a million dollars out here and there, there is not much left for us to be able to piece together. And it would be irresponsible for us to neglect key issues such as tuberculosis control.

President Jones asked for a motion to adjourn. Motion was made and seconded.

The meeting was adjourned at approximately 11:25 a.m.

Respectfully submitted,

Paul K. Halverson, DrPH
Director and State Health Officer
Secretary, State Board of Health